

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	FR	1018	2/1/68
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim		Date
Final	Original	
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
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43	✓	
44	✓	
45	✓	
46	✓	
47	✓	
48	✓	
49	✓	
50	✓	

Claim		Date
Final	Original	
51	✓	
52	✓	
53	✓	
54	✓	
55	✓	
56	✓	
57	✓	
58	✓	
59	✓	
60	✓	
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100	✓	

Claim		Date
Final	Original	
101	✓	
102	✓	
103	✓	
104	✓	
105	✓	
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108	✓	
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138	✓	
139	✓	
140	✓	
141	✓	
142	✓	
143	✓	
144	✓	
145	✓	
146	✓	
147	✓	
148	✓	
149	✓	
150	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

110
02/01